# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

31429

File No. .....

Registered No. 139

1. PLACE OF DEATH

County St. Charles Mo  Registration District No. 757

Township .....  ST. CHARLES  Primary Registration District No. 3036

City St Joseph Hosp. (No. ....., ..... St., ..... Ward)

2. FULL NAME Sister Clara Kiefer

(a) Residence. No. O'Fallon Mo St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? 57 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| F | W | single |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1846

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 1 | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Kieneberg
(STATE OR COUNTRY) Baden Germany

PARENTS

10. NAME OF FATHER John Kiefer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Fridi Wallisser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Sr. M. Generanda
(Address) O'Fallon Mo.

15. FILED 9/14 19 28 Ry. G. Bloebaum
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 12, 1928 that I last saw h. alive on Sept. 10, 1928, and that death occurred, on the date stated above, at 4 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrenous appendicitis c. Peritonitis
1214
139 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Wenzel A. Hilbrecht, M. D
, 19 (Address) St. Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ O'Fallon Mo.  DATE OF BURIAL 9/14 1928

20. UNDERTAKER E. A. Leitthly  ADDRESS O'Fallon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.